



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HEPATITIS E INFECTION
(Balance of Probabilities)
(No. 40 of 2024)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 21 June 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1	Name.....	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service.....	5
11	Factors referring to an injury or disease covered by another Statement of Principles	5
Schedule 1 - Dictionary		6
1	Definitions	6

1 Name

This is the Statement of Principles concerning *hepatitis E infection (Balance of Probabilities)* (No. 40 of 2024).

2 Commencement

This instrument commences on 23 July 2024.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning hepatitis E (Balance of Probabilities) No. 113 of 2015 (Federal Register of Legislation No. F2015L01333) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about hepatitis E infection and death from hepatitis E infection.

Meaning of hepatitis E infection

- (2) For the purposes of this Statement of Principles, hepatitis E infection means infection with the hepatitis E virus resulting in an illness characterised by inflammation of the liver, and which is confirmed by laboratory testing for hepatitis E serological or nucleic acid markers.

Note 1: Signs and symptoms of hepatitis E infection include malaise, vomiting, loss of appetite, abdominal pain, fever, hepatomegaly and jaundice.

Note 2: Clinical worsening may be indicated by the development of chronic hepatitis E from acute hepatitis E. Chronic hepatitis E is an infection lasting for at least 6 months.

Note 3: It will usually be the case that the date of the confirmation of laboratory evidence of hepatitis E serological or nucleic acid markers is after the date of clinical onset.

Note 4: **Clinical onset** is defined in the schedule 1 – Dictionary.

- (3) While hepatitis E infection attracts ICD-10-AM code B17.2, in applying this Statement of Principles the meaning of hepatitis E infection is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from hepatitis E infection

- (5) For the purposes of this Statement of Principles, hepatitis E infection, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's hepatitis E infection.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that hepatitis E infection and death from hepatitis E infection can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, hepatitis E infection or death from hepatitis E infection is connected with the circumstances of a person's relevant service:

- (1) being exposed to the hepatitis E virus by:
 - (a) being in the same living quarters or immediate work environment as a person infected with the hepatitis E virus;
 - (b) consuming water or food contaminated with the hepatitis E virus;
 - (c) having direct contact with human or primate faecal material contaminated with the hepatitis E virus;
 - (d) having direct physical contact with a human or a primate infected with the hepatitis E virus;
 - (e) having percutaneous (intravenous, intramuscular, subcutaneous or intradermal) exposure to blood or body fluids contaminated with the hepatitis E virus; or
 - (f) receiving a transfusion of blood or blood products contaminated with the hepatitis E virus;

where hepatitis E virus exposure occurs between 14 and 70 days before clinical onset;

- (2) having a solid organ transplant (excluding corneal transplant), where the tissue or organ is derived from a person infected with the hepatitis E virus, within the 4 months before clinical onset;
- (3) having a liver, kidney, heart, lung, stem cell or bone marrow transplant before clinical worsening;
- (4) being pregnant at the time of death due to hepatitis E infection or being pregnant at the time of liver transplantation necessitated by hepatitis E infection;

Note: Death due to hepatitis E infection is considered to be a clinical worsening. Liver transplantation necessitated by hepatitis E infection is considered to be a clinical worsening.

- (5) having chemotherapy for cancer at the time of clinical worsening;
- (6) inability to obtain appropriate clinical management for hepatitis E infection before clinical worsening.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(3) to 9(6) apply only to material contribution to, or aggravation of, hepatitis E infection where the person's hepatitis E infection was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

clinical onset means the point backwards in time from the first date of confirmation of laboratory evidence of hepatitis E serological or nucleic acid markers, to the date at which the symptoms of hepatitis E were persistently present, as assessed by a registered medical practitioner.

hepatitis e infection—see subsection 7(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.